

B1 (Official Form 1)(04/13)

United States Bankruptcy Court Middle District of Florida		Voluntary Petition																							
Name of Debtor (if individual, enter Last, First, Middle): <b>All ways Accessible Rehab, LLC d/b/a Mobility Specialists</b>		Name of Joint Debtor (Spouse) (Last, First, Middle):																							
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):																							
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all) <b>20-0309684</b>		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)																							
Street Address of Debtor (No. and Street, City, and State): <b>610 Magnolia Avenue Auburndale, FL</b>		Street Address of Joint Debtor (No. and Street, City, and State):																							
		ZIP Code																							
County of Residence or of the Principal Place of Business: <b>Polk</b>		County of Residence or of the Principal Place of Business:																							
Mailing Address of Debtor (if different from street address):		Mailing Address of Joint Debtor (if different from street address):																							
		ZIP Code																							
Location of Principal Assets of Business Debtor (if different from street address above):																									
<b>Type of Debtor</b> (Form of Organization) (Check one box)		<b>Nature of Business</b> (Check one box)		<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box)																					
<input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		<input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other		<input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13																					
<b>Chapter 15 Debtors</b> Country of debtor's center of main interests:  Each country in which a foreign proceeding by, regarding, or against debtor is pending:		<b>Tax-Exempt Entity</b> (Check box, if applicable)		<b>Nature of Debts</b> (Check one box)																					
		<input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		<input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.																					
<b>Filing Fee</b> (Check one box)		Check one box: <input checked="" type="checkbox"/> Full Filing Fee attached  <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.  <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		<b>Chapter 11 Debtors</b> Check if: <input checked="" type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).  Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).																					
<b>Statistical/Administrative Information</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors.</li> <li><input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.</li> </ul>				THIS SPACE IS FOR COURT USE ONLY																					
Estimated Number of Creditors <table style="width: 100%; text-align: center;"> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1-49</td> <td>50-99</td> <td>100-199</td> <td>200-999</td> <td>1,000-5,000</td> <td>5,001-10,000</td> <td>10,001-25,000</td> <td>25,001-50,000</td> <td>50,001-100,000</td> <td>OVER 100,000</td> </tr> </table>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	OVER 100,000		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
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Estimated Assets <table style="width: 100%; text-align: center;"> <tr> <td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> </tr> </table>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
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Estimated Liabilities <table style="width: 100%; text-align: center;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> </tr> </table>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
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<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): <b>All ways Accessible Rehab, LLC d/b/a Mobility Specialists</b>
<b>All Prior Bankruptcy Cases Filed Within Last 8 Years</b> (If more than two, attach additional sheet)		
Location Where Filed: <b>- None -</b>	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:
<b>Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor</b> (If more than one, attach additional sheet)		
Name of Debtor: <b>- None -</b>	Case Number:	Date Filed:
District:	Relationship:	Judge:
<b>Exhibit A</b>  (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		<b>Exhibit B</b>  (To be completed if debtor is an individual whose debts are primarily consumer debts.)  I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).  <b>X</b> _____ Signature of Attorney for Debtor(s) (Date)
<b>Exhibit C</b>  Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?  <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No.		
<b>Exhibit D</b>  (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)  <input type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.  If this is a joint petition:  <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.		
<b>Information Regarding the Debtor - Venue</b>  (Check any applicable box)		
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.		
<b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b>  (Check all applicable boxes)		
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)		
<hr style="width: 20%; margin-left: 0;"/> (Name of landlord that obtained judgment)		
<hr style="width: 20%; margin-left: 0;"/> (Address of landlord)		
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).		

B1 (Official Form 1)(04/13)

**Voluntary Petition**

(This page must be completed and filed in every case)

**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.  
 [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.  
 [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X**

Signature of Debtor

**X**

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

**Signature of Attorney\*****X** /s/ Pierce J. Guard, Jr.

Signature of Attorney for Debtor(s)

**Pierce J. Guard, Jr.**

Printed Name of Attorney for Debtor(s)

**The Guard Law Group, PLLC**

Firm Name

**2511 Orleans Avenue  
Lakeland, FL 33803**

Address

**Email:** [jguardjr@aol.com](mailto:jguardjr@aol.com)  
**863-619-7331 Fax: 863-619-7992**

Telephone Number

**September 3, 2015**

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** /s/ William Vanderpool

Signature of Authorized Individual

**William Vanderpool**

Printed Name of Authorized Individual

**Managing Member**

Title of Authorized Individual

**September 3, 2015**

Date

Name of Debtor(s):

**All ways Accessible Rehab, LLC d/b/a Mobility Specialists****Signatures****Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

- I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X**

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

Address

**X**

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person,or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.*

B4 (Official Form 4) (12/07)

**United States Bankruptcy Court**  
**Middle District of Florida**

In re All ways Accessible Rehab, LLC d/b/a Mobility Specialists  
Debtor(s)

Case No.  
Chapter 11

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
Chase P.O. Box 15298 Wilmington, DE 19850	Chase P.O. Box 15298 Wilmington, DE 19850	Credit Card Debt		19,692.17
Drive Medical Design P.O. Box 842450 Boston, MA 02284	Drive Medical Design P.O. Box 842450 Boston, MA 02284	Medical Supplies for resale		64,390.38
Financial Pacific Leasing 3455 S. 344th Way, Suite 300 Federal Way, WA 98001	Financial Pacific Leasing 3455 S. 344th Way, Suite 300 Federal Way, WA 98001	Medical Supplies for resale		30,034.85
Golden Technologies 401 Bridge Street Old Forge, PA 16518	Golden Technologies 401 Bridge Street Old Forge, PA 16518	Medical Supplies for resale		7,571.85
Invacare Corporation & Invacare Credit Corporation c/o Theodore Hamilton, Esq. 1010 North Florida Avenue Tampa, FL 33602	Invacare Corporation & Invacare Credit Corporation c/o Theodore Hamilton, Esq. Tampa, FL 33602	Final Judgment	Subject to Setoff	538,479.43
Joe Tedder P.O. Box 1189 Bartow, FL 33831	Joe Tedder P.O. Box 1189 Bartow, FL 33831	Personal Property Taxes		11,000.00 (0.00 secured)
MedBloc, Inc. 1935 Solutions Center Chicago, IL 60677	MedBloc, Inc. 1935 Solutions Center Chicago, IL 60677	Medical Supplies for resale		7,190.00
Merits Health Products 730 NE 19th Place Cape Coral, FL 33909	Merits Health Products 730 NE 19th Place Cape Coral, FL 33909	Medical Supplies for resale		16,084.09
OTTO Bock P.O. Box 86 Minneapolis, MN 55486	OTTO Bock P.O. Box 86 Minneapolis, MN 55486	Medical Supplies for resale		38,706.94
Pawnee Leasing Corp 700 Centre Avenue Fort Collins, CO 80526	Pawnee Leasing Corp 700 Centre Avenue Fort Collins, CO 80526			15,588.80
Pawnee Leasing Corp 700 Centre Avenue Fort Collins, CO 80526	Pawnee Leasing Corp 700 Centre Avenue Fort Collins, CO 80526			10,435.00

B4 (Official Form 4) (12/07) - Cont.

In re All ways Accessible Rehab, LLC d/b/a Mobility Specialists  
Debtor(s)

Case No. \_\_\_\_\_

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**  
(Continuation Sheet)

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
Pinnacle Medsource P.O. Box 53835 Atlanta, GA 30353	Pinnacle Medsource P.O. Box 53835 Atlanta, GA 30353	Medical Supplies for resale		6,748.45
Pride Galaxy 182 Susquehanna Avenue Pittston, PA 18643	Pride Galaxy 182 Susquehanna Avenue Pittston, PA 18643			4,711.68
Pride Galaxy 182 Susquehanna Pittston, PA 18643	Pride Galaxy 182 Susquehanna Pittston, PA 18643			61,781.36
Pride Galaxy 182 Susquehanna Pittston, PA 18643	Pride Galaxy 182 Susquehanna Pittston, PA 18643			58,825.42
Pride Mobility 182 Susquehanna Avenue Pittston, PA 18643	Pride Mobility 182 Susquehanna Avenue Pittston, PA 18643			62,272.03
Sams Club P.O. Box 530981 Atlanta, GA 30353	Sams Club P.O. Box 530981 Atlanta, GA 30353	Credit Card Debt		4,661.92
Sunrise Medical P.O. Box 933056 Atlanta, GA 31193	Sunrise Medical P.O. Box 933056 Atlanta, GA 31193			24,603.55
TAG 3866 Solutions Center Chicago, IL 60677	TAG 3866 Solutions Center Chicago, IL 60677			7,979.90
Taylor & Assoc. 20 3rd St. SW Auburndale, FL 33823	Taylor & Assoc. 20 3rd St. SW Auburndale, FL 33823	Attorney Consultant Fees		5,000.00

**DECLARATION UNDER PENALTY OF PERJURY  
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, the Managing Member of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date September 3, 2015Signature /s/ William Vanderpool  
**William Vanderpool**  
**Managing Member**

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

All ways Accessible Rehab, LLC d/b/a Mobility Refills 610 Magnolia Avenue Auburndale, FL 33823	Mobility Refills P.O. Box 9001099 Louisville, KY 40290	John Allman Consulting 19521 Creekside Ct. Salinas, CA 93908
Pierce J. Guard, Jr. The Guard Law Group, PLLC 2511 Orleans Avenue Lakeland, FL 33803	Fordian Packaging 185 Linden Street Hackensack, NJ 07601	KI Mobility 4848 Industrial Park Road Stevens Point, WI 54481
3B Medical 21301 US Hwy Lake Wales, FL 33859	Future Mobility Products One Buffalo River Place Buffalo, NY 14210	MedBloc, Inc. 1935 Solutions Center Chicago, IL 60677
Accurate Biomed Services 100 N 17 Street Bethany, MO 64424	Golden Technologies 401 Bridge Street Old Forge, PA 16518	Merits Health Products 730 NE 19th Place Cape Coral, FL 33909
Brighttree P.O. Box 101513 Atlanta, GA 30392	Harris & Sterns 910 W Cass Street Tampa, FL 33608	Nperspective Services 5971 Brick Court Suite 100 Winter Park, FL 32792
Chase P.O. Box 15298 Wilmington, DE 19850	Invacare Corporation & Invacare Credit Corporation c/o Theodore Hamilton, Esq. 1010 North Florida Avenue Tampa, FL 33602	OTTO Bock P.O. Box 86 Minneapolis, MN 55486
Crumpton Welding Supply P.O. Box 75939 Tampa, FL 33675	Invacare Corporation & Invacare Credit Corporation P.O. Box 41602 Philadelphia, PA 19101	Pawnee Leasing Corp 700 Centre Avenue Fort Collins, CO 80526
Drive Medical Design P.O. Box 842450 Boston, MA 02284	Joe Tedder P.O. Box 1189 Bartow, FL 33831	Pinnacle Medsource P.O. Box 53835 Atlanta, GA 30353
Financial Pacific Leasing 3455 S. 344th Way, Suite 300 Federal Way, WA 98001	Joerns Healthcare P.O. Box 933733 Atlanta, GA 31193	Pride Galaxy 182 Susquehanna Avenue Pittston, PA 18643

Pride Galaxy  
182 Susquehanna  
Pittston, PA 18643

Super Lube  
1311 N. Paul Russell Road  
Tallahassee, FL 32301

Pride Mobility  
182 Susquehanna Avenue  
Pittston, PA 18643

TAG  
3866 Solutions Center  
Chicago, IL 60677

Purchase Power  
P.O. Box 371874  
Pittsburgh, PA 15250

Taylor & Assoc.  
20 3rd St. SW  
Auburndale, FL 33823

Sams Club  
P.O. Box 530981  
Atlanta, GA 30353

Viparious  
4906 Old Willows Road  
Chesapeake Beach, MD 20732

Southern Janitor Supply  
34 East Court  
Melbourne, FL 32904

Wells Fargo  
7711 Plantation Road#R405801  
Roanoke, VA 24019

Staples  
P.O. Box 689020  
Des Moines, IA 50368

William Vanderpool  
c/o Pierce J. Guard, Jr.  
2511 Orleans Avenue  
Lakeland, FL 33803

Stealth Products  
P.O. Box 458  
Burnet, TX 78611

Strategic AR  
P.O. Box 101382  
Atlanta, GA 30392

Sunrise Medical  
P.O. Box 933056  
Atlanta, GA 31193

**United States Bankruptcy Court  
Middle District of Florida**

In re All ways Accessible Rehab, LLC d/b/a Mobility Specialists  
Debtor(s)

Case No.  
Chapter 11

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for All ways Accessible Rehab, LLC d/b/a Mobility Specialists in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

- None [*Check if applicable*]

September 3, 2015

Date

/s/ Pierce J. Guard, Jr.

**Pierce J. Guard, Jr.**

Signature of Attorney or Litigant

Counsel for All ways Accessible Rehab, LLC d/b/a Mobility Specialists

**The Guard Law Group, PLLC**

**2511 Orleans Avenue**

**Lakeland, FL 33803**

**863-619-7331 Fax:863-619-7992**

**jguardjr@aol.com**